

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Hale Nohea                               | CHAPTER 100.1                          |
| Address:<br>5071 Maunalani Circle, Honolulu, Hawaii 96816 | Inspection Date: April 14, 2020 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII  
DEPT. OF HEALTH  
STAFF TRAINING

20 APR 22 AM 11:12

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| RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
|---|---|---|
| <input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (i)<br>Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.<br><br><b>FINDINGS</b><br>Resident #1 – No documented evidence that the 1/21/2020 diet order, "pureed and honey thick liquids," was clarified with the physician to include the type of diet. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Physician was sent clarification document on 4/14/2020 for review and signed clarifying orders on 4/20/2020. Please see attached "<b>Resident #1</b> Deficiency Clarification."</p> | <p style="text-align: right;">4/20/2020</p> <p style="text-align: right;">20 APR 22 AM 12</p> |

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| RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date   |
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| <input checked="" type="checkbox"/> §11-100.1-15 Medications; (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br><b>FINDINGS</b><br>Resident #1 – Two (2) different orders for Hyoscyamine available. Please clarify with physician. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Physician was sent clarification document on 4/14/2020 for review and signed clarifying orders on 4/20/2020.</p> <p>Please see attached "Resident #1 [REDACTED] Deficiency Clarification."</p> | <p style="text-align: right;">4/20/2020</p> <p style="text-align: right;">20 APR 22 AM 1:12</p> |

| RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
|---|---|---|
| <input checked="" type="checkbox"/> §11-100.1-15 Medications, (c)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br><b>FINDINGS</b><br>Resident #1 – Two (2) different orders for Hyoscyamine available. Please clarify with physician. | <p style="text-align: center;">PART 2<br/><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RN manager to verify orders against after visit summary. monthly when signing POS "Renewed By" and verify medication list with physician prior to staffing visit.</p> | <p style="text-align: right;">4/14/2020</p> <p style="text-align: right;">20 APR 22 AM 1:12</p> |

| RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date   |
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| <input checked="" type="checkbox"/> §11-100.1-15 Medications, (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br><b>FINDINGS</b><br>Resident #2 – Medication order for Melatonin states 5 mg orally at night. According to over the counter medication bottle, serving size = two (2) gummies for 5 mg. Medication label states one (1) gummy orally at night. Only 2.5 mg being administered. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Label has been corrected to "(2) gummies orally at night."</p> | <p style="text-align: center;">4/14/2020</p> <p style="text-align: center;">20 APR 22 AM 1:12</p> |

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| RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date                              |
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| <input checked="" type="checkbox"/> §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br><b>FINDINGS</b><br>Resident #2 – Medication order and medication administration record (MAR) for Psyllium state, "Take one (1) packet orally daily as needed;" however, capsules are provided instead. Please clarify with physician. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Physician mess aged through proxy account with resident on 4/14/2020.</p> <p>Order has been changed to "Take (5) capsules orally daily PRN diarrhea." Please see attached "Resident #2 - Metamucil Clarification"</p> | <p style="text-align: center;">4/14/2020</p> |

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
STAFFING DIVISION

20 APR 22 AM 1:13



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| RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion<br>Date                   |
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| <input checked="" type="checkbox"/> §11-100.1-15 Medications. (g)<br>All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.<br><br><b>FINDINGS</b><br>Resident #1 – Medication orders not reevaluated and signed by the physician every four (4) months from 4/25/2019 to 9/12/2019. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency<br/>after-the-fact is not<br/>practical/appropriate. For<br/>this deficiency, only a future<br/>plan is required.</b></p> | <p style="text-align: center;">/</p> |

STATE OF NEW YORK  
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| <input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (h)<br>All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.<br><br><b>FINDINGS</b><br>Resident #2 – Telephone order on 4/26/2019 for, "Boost 240 ml orally once daily at snack time," was not countersigned by physician within four (4) months. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency<br/>after-the-fact is not<br/>practical/appropriate. For<br/>this deficiency, only a future<br/>plan is required.</b></p> | <p style="text-align: center;">✓</p> |

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| RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date  |
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| <input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E)<br>Residents' rights and responsibilities:<br><br>Each resident shall:<br><br>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;<br><br><b>FINDINGS</b><br>Surveillance monitor of all residents' bedrooms/beds in public area upstairs. In addition, no policy available regarding use of surveillance cameras. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Monitor will be turned off while not in use privately by staff and/or covered with screen protector to provide privacy when not in use by staff. Policy regarding surveillance cameras has been enacted and sent to families on. 4/21/2020<br/> Please find copy of policy attached.</p> | <p style="text-align: right;">4/21/2020</p> <p style="text-align: right;">APR 22 AM 13</p> |

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Licensee's/Administrator's Signature:

*Amy M. Gangloff*

Print Name: Amy M.K. Gangloff

Date:

STATE OF ILLINOIS  
DEPARTMENT OF REVENUE  
DIVISION OF TAX SERVICES

20 APR 22 PM 1:13